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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Broadcasters Political Action Committee (NABPAC) 1771 N Street NW ADDRESS (number and street) (Check if address is changed) Washington 20036-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Pac@nab.org (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.nabpac.com/ (Check if address is changed) DATE 2016 C00009985 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Chris Ornelas Type or Print Name of Treasurer Mr. Chris Ornelas [Electronically Filed] 02 19 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE	raye Z			
Can	didate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate			
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Par	rty Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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_	FEC Form 1 (Revised		Page <b>3</b>
	Vrite or Type Committee Nam		
  -		ation of Broadcasters Political Action Committee (Norganization, Affiliated Committee, Joint Fundraising Representative, or Leadership Page 1987)	
). N I	•		AC Sporisor
L	lational Association of	or Broadcasters	
	Mailing Address	1771 N St NW	
		Washington DC 20036-2800	
		CITY STATE ZIP (	CODE
	Relationship: X Connecte	ed Organization	nip PAC Sponsor
	_		
		entify by name, address (phone number optional) and position of the person in possessi	on of committee
	books and records.		
	Ms. Jenni Full Name	ifer Flemming	
	Mailing Address	1771 N St NW	
		Washington	-
	Title or Position	CITY STATE ZIP C	CODE
		CITT STATE ZIF C	,ODL
	Custodian of Records		_ 5314
	<b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name ar assistant treasurer).	nd address of
	Full Name Mr. Chris	Ornelas	
	of Treasurer	1771 N St NW	
	Mailing Address		
		Floor 2	
		Washington DC 20036-2800	
	Title or Position , Treasurer	CITY STATE ZIP C	ODE 1   5453
	1	Tolophono numbor   202   429	_    3433

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Full Name of Designated Agent	Ms. Jennifer Flemming				
Mailing Address	1771 N St NW				
	Washington DC 20036-28  CITY STATE Z	000     -			
Title or Position Assistant Treasu	rer 	29			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Bank of America					
Mailing Address	730 15th Street, NW				
	Washington DC 20005				
	CITY STATE :	ZIP CODE			
Name of Bank, D	epository, etc.				
Mailing Address					
Mailing Address					
Mailing Address					

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This FEC Form 1 is being amended to update the email address on file and to remove a previously disclosed bank account from the public record that has been closed.

Form/Schedule: Transaction ID: